

EDITORIALS

The Payors' Revolt

ONE OF THE things that was probably predictable, but seldom predicted, is that, as third parties in both the public and private sectors begin to pay for more and more of health care at greater and greater cost, sooner or later they would rebel at the cost, and now there has been a definite payors' revolt in California. The outcome remains to be seen as does the extent to which the effects may be felt throughout the West and elsewhere. Two bills in California (AB 799 and AB 3480) were fashioned largely behind closed doors without public comment, passed by the California Legislature and on June 30, 1982, signed into law by California's governor. It might be added that this was done almost gleefully, and over the opposition of the California Medical Association and others.

It seems clear enough that what happened is a result of mounting frustration with the rising cost of health care with no end in sight, not only in the government but in industry, labor and other third parties in the private sector who must pay for health care, and some might add with their perception of an unwillingness or inability on the part of the medical profession to deal effectively with these rising costs. Put very simply, these new laws allow government and private insurers to contract with hospitals and physicians or groups of physicians to become preferred providers of health care at alternative and presumably lower negotiated rates, and also in many instances would significantly curtail or eliminate freedom of choice for a patient seeking health care. The impact of this upon the quality of care for those who would then have little or no freedom of choice is not known, but the earlier experience in California with prepaid health plans for persons medically indigent was not favorable.

The frustration that led to these hasty and some would say ill-considered actions is real. It remains to be seen whether they will make matters (including the frustrations) better or worse. To the extent access to each is reduced the overall quality of care is certain to be adversely affected. The experience to date with hastily conceived legislation in health care has generally been that more problems are created than are solved without there being much if any improvement in either quality

or cost of care. But of even more concern in this instance is that the legislation rides pretty much roughshod over the legitimate interest of those who are at the very heart of health care—that is, those who must render it and those who must receive it. This causes one to wonder whether health care is now to be arranged to satisfy the payors (who generally are not sick) or to meet the needs of patients who generally are sick and are the ones in need of the care. It would seem that fair and equitable solutions have yet to be found for these pressing, present and growing problems in health care and the genuine frustrations they engender.

No doubt there will be attempts to modify this legislation in behalf of good care for patients, but the fact remains—something significant has happened in the West.

—MSMW

Mast Cells and Homeostasis: Another View

IT IS A GREAT temptation to consider mast cells solely in the context of disease. The numerous arguments for this orientation reflect the lengthening list of preformed and newly generated mediators of immediate hypersensitivity, as viewed from the standpoint of their pathobiologic effects. Indeed, as Drs. Marquardt and Wasserman point out in their review, the untoward consequences of mast cell activation and degranulation are impressive: bronchospasm, increased vasopermeability, anticoagulation and tissue infiltration by leukocytes. It thus requires a major shift from the usual frame of reference to speculate as to whether mast cells, with their wide distribution among the organ systems, subserve any function in host defense and homeostasis for healthy organisms.

Hypothetically, mast cell granule-associated preformed mediators have the capacity for a number of "housekeeping" activities in their immediate milieu. Because mast cell-derived acid hydrolases and protease have the combined capacity for metabolism of collagen and proteoglycan ground substance, they have the potential for directly